IN THE UNITED STATES PATENT AND TRADEN	IARK OFFICE		
n re Patent Application of Atty ARC-4865-62			Tr
Dkt. CAVAZZA OCT 3 0 2008 C/A.U. 1617			
Serial No. 10/667,482 Examiner: Kim Filed: September 23, 2003 Date: October 30, 2008			- 11
lied. Ochiember 26, 2000			7"
Title: COMPOSITION FOR THE PREVENTION AND TREATEMENT OF KIDNEY DYSFUNCTIONS AND DISEASES			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Sir: RESPONSE/AMENDMENT/LETTER	Ł		
This is a response/amendment/letter in the above-identified application and incl ncorporated by reference and the signature below serves as the signature to the signature thereon.	udes an attachment which is he	erel f ar	by 1y other
☐ Correspondence Address Indication Form Attached.			
Fees are attached as calculated below: Total effective claims after amendment 5 minus highest number previously paid for 20 (at least 20) = 0 x \$52.00	\$0.00 (1202)/\$0.00 (2202)	\$	
Independent claims after amendment previously paid for 6 (at least 3) = 5 minus highest number 0 x \$220.00	\$0.00 (1201)/\$0.00 (2201)	\$	
If proper multiple dependent claims now added for first time, (ignore improper)	; add 390.00 (1203)/\$195.00 (2203)	æ	
Petition is hereby made to extend the current due date so as to cover the filing paper and attachment(s) One Month Extension \$1 Two Month Extensions \$49 Three Month Extensions \$11 Four Month Extensions \$1	date of this 30.00 (1251)/\$65.00 (2251) 0.00 (1252)/\$245.00 (2252)		1110.00
Terminal disclaimer enclosed, add \$1	140.00 (1814)/ \$70.00 (2814)	\$	
☐ Applicant claims "small entity" status. ☐ Statement filed herewith			
Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	\$	0.00
Assignment Recording Fee	\$40.00 (8021)	\$	0.00
Other:		\$	0.00
	TOTAL FEE	\$	1110.00
☐ CREDIT CARD PAYMENT FORM ATTACHED.			
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any asserted to be filed, or which should have been filed herewith (or with any paper)	overpayment, in the fee(s) filed r hereafter filed in this applicati	d, o noi	r by this

firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

ARC:eaw

NIXON & VANDERHYE P.C. By Atty: Arthur R. Crawford, Reg. No. 25,327

Signature:

In re Patent Application of ARC-4865-62 Atty Dkt. C# M# **CAVAZZA** C/A.U. 1617 Serial No. 10/667,482 Examiner: Kim Filed: September 23, 2003 Date: October 30, 2008 COMPOSITION FOR THE PREVENTION AND TREATEMENT OF KIDNEY Title: DYSFUNCTIONS AND DISEASES Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. ☐ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment 5 minus highest number (at least 20) = x \$52.00 previously paid for 20 \$0.00 (1202)/\$0.00 (2202) \$ Independent claims after amendment minus highest number previously paid for (at least 3) = x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$ Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)/\$65.00 (2251) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ 1110.00 Terminal disclaimer enclosed, add \$140.00 (1814)/\$70.00 (2814) \$ Applicant claims "small entity" status. Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) 0.00 Assignment Recording Fee \$40.00 (8021) 0.00 \$ \$ Other: 0.00 **TOTAL FEE \$ 1110.00** CREDIT CARD PAYMENT FORM ATTACHED. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. 901 North Glebe Road, 11th Floor NIXON & VANDERHYE P.C. Arlington, Virginia 22203-1808 By Atty: Arthur R. Crawford, Reg. No. 25,327 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 ARC:eaw

Signature:

WITED STATES PATENT AND TRADEMARK OFFICE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

CAVAZZA

Atty. Ref.: 4865-62; Confirmation No. 9079

Appl. No. 10/667,482

TC/A.U. 1617

Filed: September 23, 2003

Examiner: Kim

For: COMPOSITION FOR THE PREVENTION AND TREATEMENT OF KIDNEY

DYSFUNCTIONS AND DISEASES

October 30, 2008

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

<u>AMENDMENT</u>

Applicants hereby submit this in response to the Office Action mailed May 14, 2008 ("Office Action").

A response to the Office Action was originally due August 14, 2008. Applicants hereby petition for a three-month extension of time in which to submit a response or an amendment in response to the Office Action. The fee for a three-month extension of time is \$1110 and a check in that amount is enclosed. Therefore, the deadline for responding to the Office Action is now November 14, 2008. Accordingly, this Amendment and Response is being timely filed.

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